

Client Satisfaction Questionnaire

This office is committed to a high level of care and service. Your opinion and input is very important to us. The information is confidential and your name does not need to be included unless you wish to do so. Thank you.

Date: _____ **Number of Sessions Received (circle):** **1-5** **6-10** **11-15** **16 -20** **20+**

1 = Strongly Dissatisfied 2 = Dissatisfied 3 = Neutral 4 = Satisfied 5 = Strongly Satisfied

		(Circle One)				
1.	My appointment was scheduled within a reasonable time of my request.	1	2	3	4	5
2.	My calls were returned within a reasonable time.	1	2	3	4	5
3.	The staff was professional and helpful.	1	2	3	4	5
4.	My privacy and confidentiality was respected and acknowledged.	1	2	3	4	5
5.	I was treated with respect.	1	2	3	4	5
6.	I have confidence in my therapist's professional qualifications.	1	2	3	4	5
7.	I was given the information I felt I needed.	1	2	3	4	5
8.	My therapist and I worked together to meet set goals.	1	2	3	4	5
9.	The therapy has helped me with the problem I came to address.	1	2	3	4	5
10.	The therapist was professional and helpful.	1	2	3	4	5
11.	Overall, I feel satisfied with the services received.	1	2	3	4	5

1. What aspects of your counseling did you find most helpful?

2. What aspects of your counseling did you find unhelpful or counterproductive?

3. If you stopped counseling without discussing it with your therapist, what were the reasons for stopping?

4. Comments:
